

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Smc		2/17
O.I.P.E. CLASSIFIER	AD		
FORMALITY REVIEW	AD	65918	4-2-5E

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
— (Through numeral) Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	✓	10/17/01
2	2	1	10/17/01
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30	30	✓	10/17/01
31	31	✓	10/17/01
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36	36		10/17/01
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Claim	Date
Final	
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If more than 150 claims or 10 actions  
staple additional sheet here